NHSC in Touch

U.S. Department of Health & Human Services
HRSA Health Resources & Services Administration

FALL 1997

BUREAU OF PRIMARY HEALTH CARE *The People We Serve...The People We Are*

Aging America: How to Get Wiser as the Population Gets Older

The grandparent glut is coming. Americans are living longer, and as the baby boomers (born 1946-1964) enter the senior citizen age bracket, the shift toward an older society will become even more pronounced.

What does this mean for NHSC providers? Marilynn Foelski, MD, is already seeing the trend in her rural clinic. "We do more screening for diabetes, more screening for high blood pressure, more biopsies for skin cancer, basically more screening for age-related diseases." Foelski, of Rocky Ford, Colo., is a 10-year veteran of NHSC and received a Length of Service Award this summer.

She says her town appears to be aging faster than the national trend. "The people who have retired are staying here and the younger people are moving away," she explains. "The jobs aren't here."

While Foelski's case is more extreme than the average, across the country the senior population is increasing rapidly. From 1900 to 1994, the U.S. population of seniors increased 11-fold, reaching 33.2 million people.

During the same time period, the under-65 population grew only threefold, according to the National Institute on Aging (NIA).

The Administration on Aging (AoA), an agency of the U.S. Department of Health and Human Services,

Continued on page 5

From Practicing Medicine to Managing the Practice

Getting promoted is cause for celebration, but it can also be cause for anxiety. While being chosen for a position such as Clinic Director is a clear vote of confidence from your colleagues, you are suddenly faced with the need to know more than just medicine. You need to know how to manage.

To investigate some of the "hot" issues facing clinicians-turned-managers, *In Touch* contacted James Hotz, MD, an 18-year NHSC veteran who is currently Clinic Director of Albany Area Primary Care, Inc., in Georgia. While he finds it difficult to vividly recall his transition to management many years ago, Hotz still deals with the day-to-day

James Hotz, MD, and a young patient.

Continued on page 6

INSIDE

COMMUNITIES In Need

25 YEARS NATIONAL HEALTH SERVICE CORPS

CLINICIANS Who Care

The National Health Service Corps is a program of the Federal Health Resources and Services Administration's Bureau of Primary Health Care, which is the focal point for providing primary health care to underserved and vulnerable populations.

Annual Conferences Add Enrichment Programs

The 1997 NHSC Annual Conferences, held this year in Dallas, Atlanta and Washington, D.C., are building on momentum from last year's events. The new format and engaging approach received such positive feedback that conference coordinators strengthened the efforts for 1997.

"Feedback from the 1996 conferences was submitted in the form of written evaluations," says Ralph Rack, Deputy Chief of NHSC's Clinical and Professional Activities Branch, one of the conference coordinators. "While the responses were positive, it was clear that we needed even more attention paid to managed care and issues of practice management, the use of interpreters, etc. We want to present courses that will fit attendees' needs, whether they are new or established providers."

One such adjustment this year is the addition of enrichment track sessions, devoted to in-depth exploration of the more complex issues facing clinicians today. These sessions are scheduled for longer blocks of time and have limited enrollment, allowing for more thoughtful listening and in-depth discussion. In addition, they are geared toward previous conference attendees who have more grounding in their practices and, as such, a deeper understanding of some of the unique complexities associated with career-building.

"Since we opened the annual conferences up for everybody, not just new clinicians and new scholars, the demographics have obviously changed," says Rack. "And if you've been serving for three years, you need to see something offered that responds to your needs."

This year's enrichment track topics include "Healing the Healers," targeted to clinicians disenchanted with their work, and "Leadership Development," which explores the application of management techniques and leadership theory to practicing clinicians. Response to the enrichment track so far has been excellent, according to Rack.

Another highlight of this year's conferences is the unveiling of the new 25th anniversary NHSC logo, which incorporates "25 Years" into the traditional emblem. Other changes have made the logo graphically more current and warmer, to better express the warmth and caring that are essential parts of the NHSC experience.

Tira Robinson, an NHSC staff member who has been working closely with the development of the new logo, explains the differences. "In addition to the added text, 'Communities In Need ... Clinicians Who Care,' the 'kids on the shield,' as they are affectionately known, were updated graphically and reduced from four people to three." The people depicted represent a cross-disciplinary and multi-cultural team of providers, looking to the next 25 years of service through NHSC.

Robinson says the feedback on the new logo, which was included on the back page of the Annual Conference booklet and presented throughout the ceremonies in various capacities, has been positive. ■

COMMUNITIES *In Need*
25 YEARS
CLINICIANS Who Care

"We want to present courses that will fit attendees' needs, whether they are new or established providers."

NHSC Annual Conferences

This year's NHSC Annual Conferences for scholars and providers are underway. If you have not yet attended, mark your calendar for an upcoming event near you. For more information, call (800) 646-5317.

NOVEMBER 21-23, 1997	**Capital Hilton 16th & K Streets, NW Washington, DC 20036**
JANUARY 30 - FEBRUARY 1, 1998	**Renaissance Atlanta Hotel 590 West Peachtree Street, NW Atlanta, GA 30308**

Plains Medical Center Named Rural Health Practice of the Year

When a tornado devastated Limon, Colorado's Plains Medical Center in 1990, the center's staff did what they do best: They expanded.

By involving the community in a major renovation project, the Plains Medical Center moved beyond its original 3,000 square-foot pre-storm facility. By 1993, the Center was an 11,500 square-foot modern medical complex serving 20,000 patients within a 60-mile radius of the town.

This year, the Center will have to make room for one more addition–a plaque from the National Rural Health Association (NRHA). Plains Medical Center was named Outstanding Rural Health Practice of 1996.

Mark Olson, MD, Director of the Center, said he was pleased to have his Center singled out for the award. Olson started in Plains in 1985 as an NHSC scholar and has been instrumental in the Center's phenomenal growth and development into a first-class, multi-site facility.

"Our growth is impressive," he agrees. "When I joined Plains, a mid-level practitioner and I were the only providers. We now have six physicians, three PAs and one NP." The providers rotate between the facility in Limon and three satellite offices. "Since we have the staff to get things done, the number of services we offer has tripled or quadrupled."

The staff provides not only improved emergency medical services, but also cardiac rehabilitation and endoscopy in the hospital, as well as outreach programs, including sex education programs for local schools.

Throughout the changes, Olson says the Center's philosophy has remained the same."Our motto is 'The patient comes first.' We do whatever it takes," says Olson. "So far we've been very successful."

Obviously the folks at NRHA agree, and so does *In Touch*. Congratulations, Plains Medical Center! ■

Richard Rutstein: Offering More Than Hope

Children and the HIV virus are still a tragic combination, but, today, NHSC alumnus Richard Rutstein, MD, says he can offer much more than hope to his patients and their parents. New treatments become available every day, and keeping up with the changes is a challenge unto itself.

This wasn't always the case. Rutstein started working with HIV positive children while at Camcare Health Corp., in Camden, N.J., in the 1980s, when treatments for HIV and AIDS were scarce.

He came to Camden in the 1970s to fulfill his NHSC scholarship commitment, and he loved it there.

"Community health centers provide a valuable experience. You learn from the range of patients, the people you work with, the emphasis on preventive and community care, budget and funding issues, and providing the best care at the lowest cost. You feel good about what you do," he said.

After nine years—six years beyond his original commitment—Rutstein moved on and joined the special immunology service at Children's Hospital of Philadelphia. But he did not leave everyone at Camcare behind. Once every three months, he sees three patients whom he treated for HIV at Camcare. "Between 1985 and 1990, we never thought patients would make it past five or six years," says Rutstein. "I've been seeing these three children for nine years now. Their charts are thick."


Richard Rutstein, MD

Because of the hard work done at both jobs, Rutstein understands that community health centers will find themselves stretched and challenged to keep up with children's HIV issues, but he urges them to try.

For example, community health center staff must learn that screening for HIV infection in infants and children requires a different diagnostic test than that used for adults. But that screening is important. "As long as we know children have HIV, we can help," says Rutstein.

He also urges clinicians to offer HIV testing to all pregnant women. "When a mother's HIV status is unknown, her infant should be tested," he says.

Rutstein acknowledges that while there are more options for treating children with HIV and AIDS than there were just a few years ago, care has become more complicated than ever. "Physicians are providing care on the edge. The medications are more powerful, have more side effects and are more expensive; children respond differently to them."

To keep track of this information, he recommends that community health centers choose a point-person for diseases such as AIDS. These clinician point-persons can focus on keeping up with the latest developments for a specific disease.

Rutstein helps others keep up with these developments by teaching at the University of Pennsylvania School of Medicine, where he is an assistant professor of pediatrics. He says, "Teaching keeps you on your toes and on top of your game." ■

All's WELL That Starts Well

Yvonne Gomez-Carrion, MD

"I've known I wanted to be a doctor since I was eight years old," says Yvonne Gomez-Carrion, MD, an NHSC alumna and Director of Obstetrics and Gynecology at Roxbury Comprehensive Community Health Center in Massachusetts. Now she is helping women take control of their own health care and contribute to the health of their neighbors.

It was 10 years ago in August that Gomez-Carrion first arrived at the Roxbury Health Center. She completed her obligation in 1991 and has been there ever since. "I love my patients. I love my staff and I love the community in which I serve." One example of her loyalty comes in the form of a new program called WELL, which she helped to develop. WELL stands for Women Enjoying Longer Lives.

WELL is a preventive program for women of color 45 to 65 years old. The program is unusual because it educates lay people to educate others. "Women community leaders are identified and go through an intense training program," explains Gomez-Carrion. The issues taught cover a broad spectrum of topics including diabetes, hypertension, domestic violence and menopause.

Once their training is complete, the graduates seek out other women to educate. "The community leaders go door to door. They go to hair salons. They go to churches—anywhere that they'll find women of color who need educating." As a result, women who haven't sought medical attention in 20 years are now seeking care, says Gomez-Carrion.

The program, launched in September 1996, is now moving successfully through Roxbury's neighborhoods. Gomez-Carrion attributes her team's initial success to the two years of research. "We conducted focus groups to identify what women of color thought they needed more information about, versus what we believed they needed to know. I believe we achieved a delicate balance of both."

Gomez-Carrion adds that one of the issues her team has to address is an attitude that the medical expert is always right. "A great deal of it is generational. Older women usually aren't comfortable asking questions or challenging doctors," she explains. "Medicine is changing so quickly, it's important to have people be in partnership in their own health care."

For Gomez-Carrion, the program fits into her own definition of success. To be successful at anything, she says, one needs to be "a person of goodness. The rest will fall into place. I really try to give back by helping others whenever I can. You can always make someone's path a little easier. It's all a balance." ■

In addition to practicing obstetrics, Yvonne Gomez-Carrion started WELL, a women's health education program.

A Grant for Georgia's Underserved Communities

The Medical College of Georgia (MCG) is expanding its care of Georgia's underserved communities.

With the renewal of a $3.5 million grant from the Federal Department of Health and Human Services' Bureau of Primary Health Care, MCG will start up two new regional centers in north Georgia, bringing the number of regional centers to three, according to the *Journal for Minority Medical Students*.

In addition to providing primary care to nearby communities, the centers will feature a health-career coordinator who will teach middle and high school students about health care careers. The center will also house long-distance learning programs.

MCG's new centers are part of a Statewide effort to improve health care in all of the State's 159 counties. To accomplish this goal, MCG is working with Georgia's health sciences universities and colleges, community and migrant health centers, public health departments, primary care centers, hospitals, secondary school systems and community groups. ■

Aging America

Continued from page 1

predicts that, by the year 2030, the number of individuals in the U.S. 60 and older will reach 85 million, almost double the 1996 population of 43 million. At the same time, the number of minority elderly, whose life expectancies have been increasing as more health benefits have become available to them, will increase at a far more rapid rate than the general population. While the number of older white Americans will increase by 97 percent, elderly black Americans will increase by 265 percent and Hispanic Americans by 530 percent.

As U.S. populations age, they face more and more problems, says NIA, including common chronic conditions such as arthritis, hypertension, heart disease, hearing impairments, cataracts, orthopedic impairments, sinusitis and diabetes.

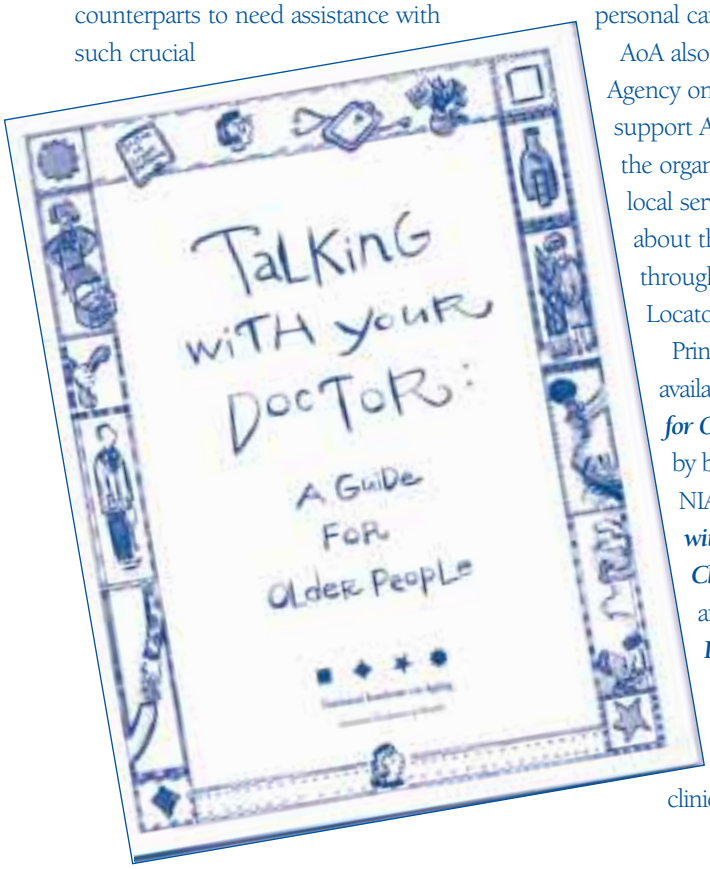
Yet some of the biggest problems are even more basic, says NHSC Chief Medical Officer Richard Niska, MD. Elderly patients are likely to have more problems managing their own day-to-day living and getting access to medical care. They are more likely than their younger counterparts to need assistance with such crucial issues as good nutrition and taking medication as directed. They're also likely to have a harder time making it to a clinic in the first place. As a result, when the elderly finally make it to the clinic, it's often because they need critical care.

"That's true," says Foelski. "I had people come in having heart failure. They had had increasing signs of this over weeks, but it was a gradual process and they didn't want to come in." She has also seen people experience difficulties getting to the clinic. "If you live in town, transportation isn't a problem. But if you're outside of it and don't drive, you have a harder time." Fortunately, help is available for both patients and clinicians.

Agencies such as AoA are designed to work with Federal, State and local governments and other organizations to assist with care of the elderly. AoA administers programs mandated by the Older Americans Act. These programs help vulnerable older persons remain in their homes by providing support services as well as health support measures, including nutrition and personal care.

AoA also supports each State Agency on Aging, which in turn support Area Agencies on Aging, the organizations that supply local services. Information about these services is available through AoA's Eldercare Locator Service.

Printed material is also available. ***The Resource Guide for Older People,*** produced by both AoA and NIA, and NIA's booklets, ***Working with Your Older Patient: A Clinician's Handbook*** and ***Talking with Your Doctor: A Guide for Older People***, offer clearly written communication tips for clinicians and patients. NIA also offers fact sheets that provide details on such topics as prostate cancer and osteoporosis.



An increase in the population of elderly patients will mean changes for clinicians as well.

Many of the changes, however, will happen inside the clinic. Here are some suggestions for dealing with the shift in demographics:

- Be prepared to perform more screening for diabetes, heart disease and other age-related diseases.
- Track patients after they have been screened and follow up on treatment.
- Be prepared to spend more time with elderly patients than you would with younger patients. As one clinician says, "They've lived longer, so their history is longer."
- Offer resources to your patients. Booklets, fact sheets, pamphlets and resource guides are available through NIA and other organizations.
- Use the Web to download free information from NIA and other organizations.

Resources:

National Institute on Aging
(800) 222-2225
http://www.nih.gov/nia

Administration on Aging
(202) 619-0724
http://www.aoa.dhhs.gov

AoA's Eldercare Locator
Call (800) 677-1116 to find out about local services. ■

Continued from page 1

headaches of being in management, and he shared some insights and tips he has learned along the way.

Grasping Not-For-Profit Finances

Hotz recalls, first and foremost, the shock of facing financial issues and technicalities. "One of the most difficult things was understanding the economic realities behind health care," he says. "Not having any formal training in it, it was very difficult to appreciate the need for balancing a budget, achieving the balance between clinical desires and economic realities." And, Hotz says, he learned the hard way: trial and error.

"I advocated higher-cost programs and watched the consequences of my folly," he explains. "Now, I tell my young physicians who are grappling with financial reality in a not-for-profit that one helpful analogy is electricity. You only need a certain amount of electricity to keep the machines going and the lights on. If you fall below that critical amount, the machines go off. The lights go dim. In not-for-profit, you do not need any more than that critical amount, that amount you need to keep things running."

Establishing Policies and Procedures

Another of Hotz's management tips is to introduce and enforce protocols. Medical record management, patient registry, and even the scheduling of patient appointments should be governed by clear, actionable protocols. Clinic Directors set the tone for these procedures, and should make it clear by example that they are to be followed.

Hotz says he learned this lesson quickly: "You only have to get burned a couple of times before you realize that people do not always live up to what they promise. As a result, you begin to execute contracts. I have definitely learned the importance of establishing well-run systems."

A recent management article in the publication *Unique Opportunities* confirms this claim and offers one basic solution: proper training. "No matter how good a job a physician does in hiring, training is needed because it is the foundation upon which an office is run."

"No matter how good a job a physician does in hiring, training is needed because it is the foundation upon which an office is run."

Remain Involved Clinically

Often, physicians promoted to management positions become so bogged down with administrative tasks and concerns that they no longer maintain a clinical presence. This can be detrimental, both to the physician personally and to the practice as a whole. "You lose your perspective," Hotz points out. In order to lead, he explains, it is vital to stay grounded in medicine. "The clinical work is where we get our identity, how we stay in contact with the beauty of our work."

Communication

A common denominator in many of these management issues is the significance of effective communication. It may be easy to forget, for example, that your staff deserve the same careful listening that your patients do. The critical role that listening plays in personal relationships is often easy to overlook, particularly in the workplace, amid the commotion of a busy clinic.

Engaging in reflective listening—a communication technique based on clarification and restatement of what the other person is saying—is a simple shift in approach that will yield quick results. Employees will feel they merit the full attention of their manager. They will be drawn into the communication process, as opposed to occupying the passive role of "receivers" or "listeners," which often leads to feelings of alienation and unrest.

An active, participative communication style also helps to build an environment that nurtures innovation and rewards risk taking, two keys to individual and team success.

Don't Forget Your Heart

Hotz's final words of advice are perhaps the most meaningful, although they may not be found in textbooks or in the latest personnel management publication.

"Once you gain management experience, you become very marketable. The more experience you get in primary care, the more marketable you are. It is easy to be tempted away by HMOs, higher salaries, fancier towns. You have to continue to stay value-driven, to keep your eyes on the prize. When you're in this for the long run, you have to remember why you did it," says Hotz. "Money is important. It is a utility. It keeps our programs going. But you have to think: What is most important to me? Am I making a difference?"

For more information on effective management techniques for medical practitioners, see the annual Special Issue, May/June 1997, of *Unique Opportunities,* as well as previous years' issues. For subscriptions or to order back issues, call (800) 888-2047. ■

NHSC Length of Service Awards

The NHSC Provider Recognition Program recently completed its second quarter for the NHSC Length of Service Awards (see Winter 1997 In Touch*). Eighteen clinicians, currently in practice in underserved communities, were chosen to receive awards based upon their years of dedicated service to communities in need. Awards are presented for 1, 3, 5, 10, 15 and 20+ years of service beyond the service commitment to the NHSC.*

APRIL TO JULY 1997

ONE YEAR AWARDS

D. Christopher Bernart, PA-C	SCH	Newton Grove, NC
Karl Lee Breitenbach, MD, FP	LRP	Vernal, UT
Daniel F. Cannon, MD	LRP	Ft. Lupton, CO
Ashok Kumar Dayal, MD	LRP	Lamar, CO
Jon William Hughes, MD, IM	LRP	Vernal, UT
Nancy L. McPherson, PA-C	LRP	Rapid City, SD
Alan Ross Smith, MD, FP	LRP	Delta, UT

THREE YEAR AWARDS

Anthony P. Kusek, MD	LRP	Albion, NE
Peter Lueninghoener, MD	LRP	O'Neill, NE

FIVE YEAR AWARDS

Laura E. Aponte, MSW, CCSW	FA	Newton Grove, NC
James R. Clickenbeard, MD	SCH	Devils Lake, ND
Robert Doherty, DDS	FA	Newton Grove, NC
Mark R. Olsen, MD	SCH	Limon, CO

TEN YEAR AWARDS

Horace Harris, DDS	SCH	Newton Grove, NC
Joel Kaufman, MD	SCH	Alamosa, CO
Marilyn S. Reynaud, MD	SCH	Kansas City, MO
Robert D. Simenson, MD	SCH	Merced, CA

TWENTY YEAR AWARDS

Thomas Dean, MD	FA	Wessington Springs, SD

Key to Programs

SCH = NHSC Scholarship
LRP = NHSC Loan Repayment Program
FA = Federal Assignee

Focus on Certified Nurse-Midwives

For a certified nurse-midwife (CNM), maternity care means not only providing standard medical tests, but also taking time to educate the mother-to-be about what's to come. And when admitting a woman in labor to a hospital, clinic or birthing center, the CNM stays until the labor is over, the baby is safe and the mother is comfortable.

It's a discipline that combines the skills, training and responsibilities of nursing and midwifery, and one that works well for the mothers involved. A recent study in the *American Journal of Public Health* found that women with low-risk pregnancies who chose a CNM to deliver their babies were more likely to have healthy babies with fewer medical interventions than healthy women who went to physicians.

The credit, however, doesn't go to CNMs alone. "We are part of a team," says Donna Scheideberg, coordinator of the nurse-midwifery program at the University of Missouri and member of NHSC's Advisory Board. She explains that CNMs are dependent practitioners, working with obstetricians the same way that physician assistants work with other physicians.

As part of a team, CNMs can spend more time than their physician colleagues with the expectant mothers. "We ask her how she's feeling and how the family is reacting to the pregnancy. We spend time on education. Our physician colleagues typically rely on their nursing staff to do that," says Scheideberg.

CNMs spend 70 percent of their time on preventive care during pregnancy, dividing the other 30 percent between labor and gynecology/family planning services.

And within the NHSC, their services have been noted. "We look at them as an integral part of our approach to health care delivery and recognize the contribution they make in the areas of pre-natal care and women's health," says Charles Van Anden, RN, MSN, who is Chief of the Clinical and Professional Activities Branch.

Scheideberg says that she tells her students that CNMs and NHSC are a natural fit. After all, she says, the profession was established in the 1920s in response to high infant- and maternal-mortality rates. "We've always served vulnerable populations. Eighty-seven percent of CNMs work with the underserved," she says. "We have many of the same ideals as the Corps."

Certified Nurse-Midwives:

- Serve as recognized practitioners in all 50 states and have prescription writing authority in 41 states.
- Earn national certification by completing course work at an accredited health professions school and passing a standardized national exam.
- Are part of a rapidly growing field. Since 1991, the number of CNMs has increased by 25 percent a year. In 1996, there were about 5,000 in clinical practice.

For more information, call the American College of Certified Nurse-Midwives at (202) 728-9860 or visit their Web site: http://www.midwife.org. ■

HRSA Provides $13.5 Million to Assist Minority Health Professions Training

Six historically black colleges and universities (HBCUs) received competitive grants totaling $13.5 million for minority health professions training programs, announced Acting Administrator of the Health Resources and Services Administration (HRSA) Claude Earl Fox, MD, MPH.

At the same time, HRSA identified these programs in allopathic medicine, osteopathic medicine, dentistry and pharmacy as Centers of Excellence.

"These grants will open doors to minority students who want to be doctors, dentists, veterinarians and pharmacists," says Fox. "But, individuals and families with limited access to health care will be the ultimate beneficiaries."

Of the awards, $12 million went to the following schools: Meharry Medical College School of Medicine, Nashville, Tenn.; Meharry Medical College School of Dentistry, Nashville, Tenn.; Xavier College of Pharmacy, New Orleans, La.; and Tuskegee University College of Veterinary Medicine, Tuskegee, Ala.

The remaining $1.5 million comprised grant awards from previous competitions and went to the following schools: Florida A&M University College of Pharmacy, Tallahassee, Fla.; Morehouse School of Medicine, Atlanta, Ga.; and Texas Southern University College of Pharmacy and Health Sciences, Houston, Texas.

HRSA announced that HBCUs use the grants to train, recruit and retain minority faculty; improve minority health information resources, curricula and clinical education; and facilitate research on minority health problems.

The benefits will be felt by the communities through the graduates of the programs. A report from the Association of American Medical Colleges shows that 39 percent of minority medical school graduates consider a career in "socioeconomically deprived areas." Only 10 percent of other graduates expressed a similar interest. ■

NHSC In Touch is produced by The NHSC Recruitment/Retention Marketing Program. Questions or comments should be directed to *NHSC In Touch,* 5454 Wisconsin Avenue, Suite 1300, Chevy Chase, MD 20815; tel.: 301-951-9200; fax: 301-986-1641; email: nhscintouch@nancylow.com. Nancy Low & Associates, Inc., operates the Recruitment/Retention Marketing Program for the National Health Service Corps, Bureau of Primary Health Care, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services, under Contract No. HRSA 240-94-0043. The views and opinions expressed do not necessarily represent the official position or policy of the U.S. Department of Health and Human Services.

DEPARTMENT OF HEALTH & HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE
HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF PRIMARY HEALTH CARE
NATIONAL HEALTH SERVICE CORPS
RECRUITMENT/RETENTION MARKETING PROGRAM
SUITE 1300
5454 WISCONSIN AVENUE
CHEVY CHASE, MD 20815

Official Business
Penalty for Private Use $300

VISIT NHSC'S WEB SITE!

http://www.bphc.hrsa.dhhs.gov/nhsc/nhsc.htm